AMENDED IN ASSEMBLY JUNE 28, 1996 AMENDED IN ASSEMBLY JUNE 18, 1996 AMENDED IN SENATE MAY 20, 1996 AMENDED IN SENATE APRIL 29, 1996

## **SENATE BILL**

No. 1805

## **Introduced by Senator Rosenthal**

(Principal coauthor: Assembly Member Alby)

February 22, 1996

An act to add Section 1366.16 to amend Section 1386 of the Health and Safety Code, and to add Section 10120.5 to the Insurance Code, relating to health care coverage.

## LEGISLATIVE COUNSEL'S DIGEST

SB 1805, as amended, Rosenthal. Health care coverage.

Existing law provides for the licensure and regulation of health care service plans administered by the Commissioner of Corporations and authorizes the commissioner to suspend or revoke a license or assess civil penalties if the licensee has committed any of the prescribed acts or omissions that constitute grounds for disciplinary action. Under existing law, willful violation of any of these provisions is a misdemeanor. Existing law also provides for the regulation of disability insurers administered by the Insurance Commissioner.

Existing law states that it is the public policy of the state that licensed health care practitioners, as defined, be encouraged to advocate for medically appropriate health care, as defined, for their patients. Existing law provides that the application

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and rendering by any person, as defined, of a decision that penalizes a health care practitioner principally for advocating for medically appropriate health care violates public policy.

This bill would provide that a violation of those provisions, and provisions proposed to be added by AB 3013 by health care service plans or certain disability insurers, would also be a violation of the law regulating health care service plans and a violation of the Insurance Code, and would constitute grounds for disciplinary action against a health care service plan by the Commissioner of Corporations.

By changing the definition of a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes no. State-mandated local program: yes no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1366.16 is added to the Health
- and Safety Code, to read: 3 1366.16. (a) It is the intent of the Legislature to
- guarantee that health care providers can communicate 4
- 5 freely with their patients and act as advocates for their
- patients to ensure that contracting arrangements
- between health care service plans and providers do not 7 jeopardize a patient's health care.
- (b) Any act by a health care service plan that violates 9 10 Section 510, Section 2056, or Section 2056.1 of the Business
- and Professions Code shall also be a violation of this 11 12 chapter.
- SECTION 1. Section 1386 of the Health and Safety 13
- 14 Code is amended to read: 1386. (a) The commissioner may suspend or revoke 15
- any license issued under this chapter to a health care
- service plan or assess civil penalties if the commissioner

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determines that the licensee has committed any of the acts or omissions constituting grounds for disciplinary action.

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- (b) The following acts or omissions constitute grounds for disciplinary action by the commissioner:
- (1) The plan is operating at variance with the basic organizational documents as filed pursuant to Section 1351 or 1352, or with its published plan, or in any manner contrary to that described in, and reasonably inferred, 10 from the plan as contained in its application for licensure and annual report, or any modification thereof, unless amendments allowing the variation have been submitted to, and approved by, the commissioner.
- (2) The plan has issued, or permits others to use, 15 evidence of coverage or uses a schedule of charges for health care services which do not comply with those published in the latest evidence of coverage found unobjectionable by the commissioner.
- (3) The health care service plan does not provide basic 20 health care services to its enrollees and subscribers as set forth in the evidence of coverage. This subdivision shall not apply to specialized health care service contracts.
  - (4) The plan is no longer able to meet the standards set forth in Article 5 (commencing with Section 1367).
  - (5) The continued operation of the plan will constitute a substantial risk to its subscribers and enrollees.
  - (6) The plan has violated or attempted to violate, or conspired to violate, directly or indirectly, or assisted in or abetted a violation or conspiracy to violate any provision of this chapter or any rule or regulation adopted by the commissioner pursuant to this chapter.
- (7) The plan has engaged in any conduct which 34 constitutes or dishonest dealing fraud unfair or competition, as defined by Section 17200 of the Business and Professions Code.
  - (8) The plan has permitted, or aided or abetted any violation by an employee or contractor who is a holder of any certificate, license, permit, registration or exemption issued pursuant to the Business and Professions Code, or

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the Health and Safety Code which would constitute grounds for discipline against the certificate, license, permit, registration, or exemption.

- (9) The plan has aided or abetted or permitted the commission of any illegal act.
- (10) The engagement of a person as an officer, director, employee, associate, or provider of the plan contrary to the provisions of an order issued by the commissioner pursuant to subdivision (c) of this section or subdivision (d) of Section 1388.
- (11) The engagement of a person as a solicitor or supervisor of solicitation contrary to the provisions of an 12 13 order issued by the commissioner pursuant to Section 14 1388.
- (12) The plan, its management company, or any other 16 affiliate of the plan, or any controlling person, officer, occupying director, other person or principal 18 management or supervisory position in management company or affiliate, has been convicted of or pleaded nolo contendere to a crime, or committed any act involving dishonesty, fraud, or deceit, which crime or act is substantially related to the qualifications, functions or duties of a person engaged in business in accordance with this chapter. The commissioner may revoke or deny a license hereunder irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code.
  - (13) The plan violates Section 510, Section 2056, or Section 2056.1 of the Business and Professions Code.
- (c) The commissioner may prohibit any person from serving as an officer, director, employee, associate, or provider of any plan or solicitor firm, or of any management company of any plan, or as a solicitor, if (1) the prohibition is in the public interest and the person has 34 committed or caused, participated in, or had knowledge of a violation of this chapter by a plan, management company, or solicitor firm or if (2) the person was an officer, director, employee, associate, or provider of a plan or of a management company or solicitor firm of any plan whose license has been suspended or revoked pursuant to this section and the person had knowledge of,

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or participated in, any of the prohibited acts for which the license was suspended or revoked. A proceeding for the issuance of an order under this subdivision may be 4 included with a proceeding against a plan under this section or may constitute a separate proceeding, subject in either case to appropriate notice and opportunity for hearing to the person affected in accordance with subdivision (a) of Section 1397. 8 9

SEC. 2. Section 10120.5 is added to the Insurance 10 Code, to read:

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- 10120.5. (a) It is the intent of the Legislature to guarantee that health care providers can communicate 13 freely with their patients and act as advocates for their 14 patients ensure contracting arrangements to that 15 between providers disability insurers and do 16 jeopardize a patient's health care.
- (b) Any act by a disability insurer that covers hospital, 18 medical, or surgical expenses that violates Section 510, Section 2056, or Section 2056.1 of the Business and Professions Code shall also be a violation of this code.
  - SEC. 2.5. The reference to Section 2056.1 of the Business and Professions Code as set forth in Sections 1 and 2 of this act shall have no effect unless Section 2056.1. as added by Assembly Bill 3013, takes effect on or before January 1, 1997.
- SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred 29 by a local agency or school district will be incurred 30 because this act creates a new crime or infraction, 31 eliminates a crime or infraction, or changes the penalty 32 for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition 34 of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.
- Notwithstanding Section 17580 of the Government 36 Code, unless otherwise specified, the provisions of this act 37

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- 1 shall become operative on the same date that the act 2 takes effect pursuant to the California Constitution.